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IMAGES IN INTERVENTION

Acute Myocardial Infarction After Kawasaki Disease

Yuhei Kobayashi, MD, Yukari Kobayashi, MD, Atsushi Hirohata, MD, PhD

Okayama, Japan

A 78-year-old woman was referred to our emergency department due to inferior myocardial infarction. Previous coronary computed tomography angiogram had detected an expanded right coronary artery (RCA) possibly due to aneurysmal changes after Kawasaki disease (Figs. 1A and 1B). Emergent coronary angiogram revealed total occlusion of the proximal RCA, and subsequent percutaneous coronary intervention was performed. Intravascular ultrasound imaging showed a very large caliber of the RCA laden with thrombus. Thrombectomy, thrombolysis, and plain old balloon angioplasty were performed aggressively; however, only TIMI (Thrombolysis In Myocardial Infarction) flow grade 1 was achieved (Fig. 2, Online Videos 1 and 2). Despite the continuation of medical therapy, including aspirin and warfarin, 1.5-year follow-up coronary computed

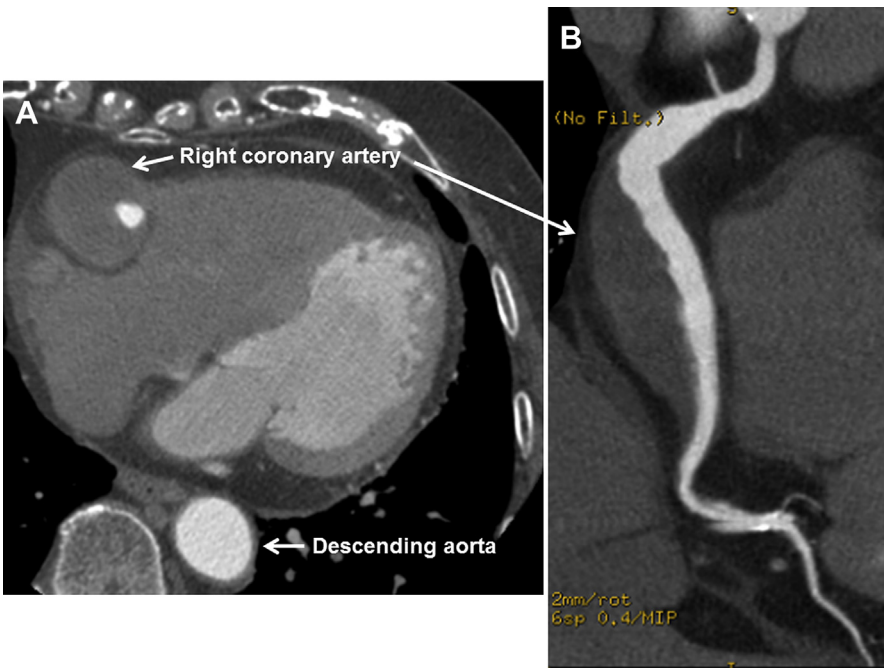

Figure 1. Coronary CT Angiogram

(A) The right coronary artery was clearly larger than the descending aorta. **(B)** Aneurysmal change and parietal thrombus of right coronary artery was observed in proximal to mid-right coronary artery. CT = computed tomography.

From the Department of Cardiovascular Medicine, Sakakibara Heart Institute of Okayama, Okayama, Japan. The authors have reported that they have no relationships relevant to the contents of this paper to disclose.

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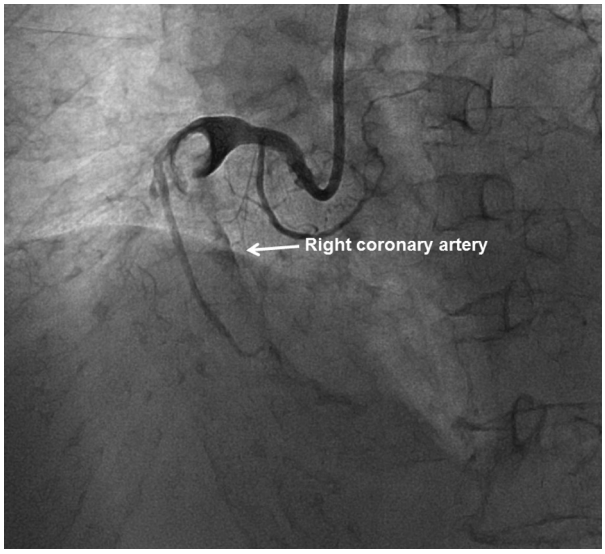

Figure 2. Right Coronary Angiogram After Coronary Intervention

Despite aggressive intervention including thrombectomy, thrombolysis, and plain old balloon angioplasty, only TIMI (Thrombolysis In Myocardial Infarction) flow grade 1 can be achieved. See Online Videos 1 and 2.

tomography angiogram showed reocclusion of the RCA. Online Videos 1 and 2 show the RCA angiogram before and after the interventional procedures.

Kawasaki disease was first reported in 1967 from Japan, and pediatric diagnosis and treatment strategies have been developed recently. Although acute myocardial infarction after Kawasaki disease is known to be prevalent in childhood and in young patients, we need to take the possible contribution of Kawasaki disease into consideration for treating the elderly patient who was not diagnosed with this disease.

Reprint requests and correspondence: Dr. Yuhei Kobayashi, Cardiovascular Medicine, Stanford University Medical Center, 300 Pasteur Drive, Room H3554, Stanford, California 94305-5637. E-mail: yuhei@stanford.edu.

Key Words: Kawasaki disease ■ myocardial infarction ■ right coronary artery.

APPENDIX

For supplemental videos, please see the online version of this article.